Appendix 1: Clinical trials transfer request form

MAnnitol for Cerebral oEdema after IntraCerebral Haemorrhage (MACE-ICH): a feasibility trial

EudraCT NUMBER: 2022-000283-22

Local Investigator:……

CLINICAL TRIALS TRANSFER REQUEST FORM

Please Supply:

…….. x 500mL Mannitol Infusion 10%

Date Required: ……

Ordered by (sign): …… Bleep/Ext No: ……

Name in Block Capitals: …… Date: ……

FOR PHARMACY USE ONLY

Number of bags issued:……

Issued by: …… Date: ……..

Checked by: …… Date: ……..

Collected by: …….. Date: ……